

FOR USE IN FILING TAXES FOR THE 2023 TAX YEAR

Line 10. Enter the monthly premium for the second lowest cost silver plan premium that covers everyone in your tax household, who you list on your tax return (such as yourself, your spouse if filing jointly, and your dependents) and who can't be claimed as a dependent on someone else's tax return, who isn't eligible for minimum essential coverage (other than individual market coverage), and who doesn't qualify for another coverage exemption for the month. If one or more members of your tax household meet this criteria, find the second lowest cost silver plan for those members at <https://healthsourceri.com/affordability-sheet/>. If no one in your tax household meets this criteria (for example, everyone in your tax household is eligible for Medicaid or qualifies for a coverage exemption), enter -0-

Monthly Cost by Age for
the Second Lowest Cost Silver Level Plan in 2023

Age	Monthly Cost	Age	Monthly Cost
0-14	\$229	40	\$382
15	\$249	41	\$389
16	\$257	42	\$396
17	\$265	43	\$406
18	\$273	44	\$418
19	\$281	45	\$432
20	\$290	46	\$448
21	\$299	47	\$467
22	\$299	48	\$489
23	\$299	49	\$510
24	\$299	50	\$534
25	\$300	51	\$558
26	\$306	52	\$584
27	\$313	53	\$610
28	\$325	54	\$638
29	\$335	55	\$667
30	\$339	56	\$698
31	\$347	57	\$729
32	\$354	58	\$762
33	\$358	59	\$778
34	\$363	60	\$811
35	\$365	61	\$840
36	\$368	62	\$859
37	\$370	63	\$883
38	\$373	64+	\$897
39	\$377		